

01/19/2017 WED 14:17 FAX 8655902168 Dept. of Health

0003/004

Waiver - Licensure only

tag N848
waiver log fil

1/31/17

approved via CH

PRINTED: 12/22/2016

FORM APPROVED

1/21/17

Division of Health Care Facilities		30th 1/02/17	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7605	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/22/2016
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(N831)	<p>1200 8-6-.06 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 10/31/16 at 12:30 PM, revealed the following holes in the corridor walls above the ceiling at room 219: a. 3"x3" b. 8"x4" c. 2"x2" NFPA 101, 19.3.6.2.1 (2000 Edition)</p> <p>2. Observation on 10/31/16 at 12:31 PM, revealed the following penetrations in the cross corridor fire barrier wall next to East nurse station 2nd floor: a. 8 (1/2) inch conduits b. 1 data wire c. 1/2 inch sleeve d. 1x1/2 inch hole e. wall to wall joint seam (mixed firestop) NFPA 101, 8.3.5 (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on</p>	(N831)	<p>Plan of Correction N831</p> <p>The center does construct, arrange and maintain the condition of the physical plant and the overall center environment in such a manner that the safety and well being of the residents are ensured. Fire Stop Technologies repaired the penetrations in the cross corridor fire barrier wall the following areas</p> <p>1.) Corridor Wall by 219 were repaired on 12/23/16 a. 3'x3' b. 8'x4' c. 2'x2'</p> <p>2.) 2 East Nurse Station on 2nd floor: were repaired on 12/23/16 a. 8 (1/2) inch conduits b. 1 data wire c. 1/2 inch sleeve d. 1 x 1/2 inch hole e. Wall to wall joint seam</p> <p>(End POC N831) As part of the center's ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding wall penetrations in the center's ongoing maintenance logs. Maintenance Director will also review the cited tags with any contractors that will provide any work at the center. Firestop Technologies will be contacted if any new areas need to be reviewed and will maintain any new or damaged penetrations in</p>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X5) DATE

Administrator

CHYD27

1/27/17

If continuation sheet 1 of 2

PRINTED: 12/22/2016
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/22/2016
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(N 831)	Continued From page 1 10/31/16.	(N 831)	the future. A log of U/I, Systems will be used and add any systems or engineering judgements not included in systems book.	12/23 /16
(N 848)	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the clean linen room as required. The finding included: Observation on 10/31/16 at 11:01 AM, revealed clean linen storage without a clean air supply in the 1st floor clean linen closet beside patient room 116. Maintenance staff was present when the deficiency was identified, and acknowledged by the administrator during the exit conference on 10/31/16. Extension expires 01/31/17	(N 848)	Plan of Correction N848 The center engaged an engineer and contractor to make the needed balancing for negative air flow in the clean linen room beside 116. The work was completed on 1/26/16 by UTAB to meet the specific requirements.	1/26/17